## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/05/2013 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  LAURELS OF DEKALB  STREET ADDRESS, CITY, STATE, 2P CODE  820 W LIBERTY ST  BUTLER, IN 46721  [KA 000]  INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/13/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a)  Survey Date: 06/28/13  Facility Number: 100266430  Survey. Laurels of Dekalb was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101. Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101. Life Safety Code (LSC) and 410 IAC for 16.2. The original building consisting of the 100, 200, 300 and 400 halls, the main dining room and the service hall was surveyed with Chapter 19, Existing Health Care Occupancies.  This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. Battery operated smoke detectors were installed in the resident rooms. The facility has a capacity of 101 and had a census of 87 at the time of this survey.  All areas where residents have customary access were sprinklered. The facility has a detected where such as the protection of the corridors and areas open to the corridors. Battery operated smoke detectors were installed in the resident coons. The facility has a capacity of 101 and had a census of 87 at the time of this survey.  All areas where residents have customary access were sprinklered. The facility had a detached	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>			(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE 200 W. IBERTY ST 200 W. IBERTY W			155386	B. WING				
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  RAPOST SURVEY REVISIT (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/13/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a)  Survey Date: 06/28/13  Facility Number: 000574 Provider Number: 155386  AIM Number: 100266430  Surveyor: Amy Kelley, Life Safety Code Specialist  At this PSR survey, Laurels of Dekalb was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety From Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 162. The original building consisting of the 100, 200, 300 and 400 halls, the main dining room and the service hall was surveyed with Chapter 19, Existing Health Care Occupancies.  This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. Battery operated smoke detectors were installed in the resident rooms. The facility has a capacity of 101 and had a census of 87 at the time of this survey.  All areas where residents have customary access were sprinklered. The facility had a detached					520	) W LIBERTY ST	1 00/	20/2010
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	ABORATORV	-		RE		TITI F		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>		(X3) DATE SURVEY COMPLETED	
		155386	B. WING		R <b>06/28/2013</b>	
	OF DEKALB		520 V	F ADDRESS, CITY, STATE, ZIP CODE N LIBERTY ST LER, IN 46721		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
{K 000}	that was not sprinkler Quality Review by Ro	lity services including resses and snow blowers	{K 000}			
{K 000}	Code Recertification	it (PSR) to the Life Safety and State Licensure Survey 13 was conducted by the ment of Health in	{K 000}			
	Survey Date: 06/28/ Facility Number: 000 Provider Number: 15 AIM Number: 10026/ Surveyor: Amy Kelle Specialist	9574 95386 6430				
	in compliance with Re in Medicare/Medicaid Life Safety from Fire National Fire Protecti Life Safety Code (LS new section of the bu	aurels of Dekalb was found equirements for Participation I, 42 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C) and 410 IAC 16.2. The silding consisting of the 300 is surveyed with Chapter 18, cupancies.				
	Type V (000) constru sprinklered. The faci with smoke detection	was determined to be of ction and was fully lity has a fire alarm system in in the corridors and areas . Battery operated smoke				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING <b>01</b> , <b>02</b>		(X3) DATE SURVEY COMPLETED		
		155386	B. WING			I	⋜ 28/2013
NAME OF PROVIDER OR SUPPLIER  LAURELS OF DEKALB				STREET ADDRESS, CITY, STATE, ZIP CODE 520 W LIBERTY ST BUTLER, IN 46721			20/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	detectors were install The facility has a cap census of 87 at the tin All areas where resid were sprinklered. The garage providing facil	ed in the resident rooms. acity of 101 and had a me of this survey.  ents have customary access e facility had a detached lity services including resses and snow blowers	{K (	000}			